

FIRST SCHEDULE—*continued.*

(iii) Have you any other earnings? If so, state the amount (iii).....
and the nature of the occupation in which they
are received.

- (7) State (i) Name of person on whom you are dependent. (7).....
(ii) His (or her) relationship (if any) to you. (i i).....
(iii) His (or her) home address (*the Postal address in (iii).....
full should be given.*)
(iv) The nature and extent of the support received (iv).....
from him (or her). (It should be stated
whether the support received includes
board, lodging and clothes).
(v) Do you contribute in any way towards that (v.).....
support? If so, state the amount. If you
do not contribute state NO.

Particulars to be given by a person claiming exemption on the ground that he (she) is—

(C) Ordinarily and mainly dependent for his (her) livelihood on the earnings derived by
by him (her) from an occupation which is not employment within the meaning
of the Unemployment Insurance Act, 1920.

*N.B.—I. In answering questions (8) to (12) you should refer only to any employment
which renders you liable to compulsory insurance.*

*II. In answering questions (13) to (18) you should refer only to your occupation
which is not employment within the meaning of the Act, and on which
you claim that you are ordinarily or mainly dependent.*

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| Insurable Employment. | } | (8) What is the employment in respect of which you are (8).....
now claiming exemption? |
| | | (9) What is your average weekly remuneration from this (9).....
employment (<i>including the value of any food or lodging
received as part remuneration</i>)? |
| | | (10) How much time does it occupy? (10)..... |
| | | (11) Is it continuous throughout the year or for a part of (11).....
the year only? |
| | | (12) Name and address of your employer. (12)..... |
| Principal occupation. | } | (13) State full particulars of the occupation on which you (13).....
claim to be ordinarily and mainly dependent. |
| | | (14) State what grounds you have for considering that (14).....
this occupation does not render you liable to compulsory
insurance against unemployment. |
| | | (15) State the address at which this occupation is (15).....
carried on. |
| | | (16) State your average earnings a year from this (16).....
occupation.* |
| | | (17) State whether this occupation is continuous through- (17).....
out the year. If not, for what period in the year are you
engaged in it? |
| | | (18) State whether any contributions under the Act have (18).....
been paid in respect of you with reference to this occupation,
and if so, under what circumstances? |

* *If your present occupation has continued for three years or upwards, the average earnings for the
past three years should be given.*

(The Declaration below must be signed).